

L19000090656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

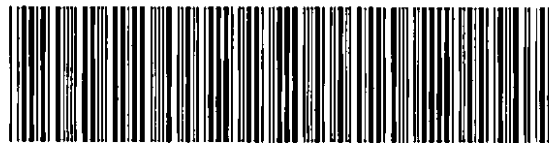
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D.K



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 04/04/2019

Name: Merritt Walker

Reference #: 1066038

Entity Name: ARBIT USA, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC.
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P: 800.221.0102
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• EUROPEAN HQ
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**ARTICLES OF ORGANIZATION
OF
ARBIT USA, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is Arbit USA, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**333 Las Olas Way
CU1
Fort Lauderdale, FL 33301**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Cogency Global Inc.
115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Cogency Global Inc., as Registered Agent

Merritt Walker
Name: Merritt Walker
Title: Asst. Secretary

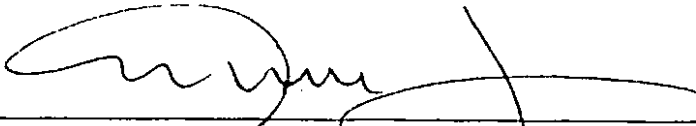
ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Simone Krauss Serrano 333 Las Olas Way CU1 Fort Lauderdale, FL 33301

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on
April 4, 2019



Felipe Berer, Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Felipe Berer

Typed or printed name of signee

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